Kaiser Health News

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Morning Briefing

Tuesday, March 31, 2015
Check Kaiser Health News online for the latest headlines

KAISER HEALTH NEWS ORIGINAL STORIES

1. In Pursuit Of Patient Satisfaction, Hospitals Update The Hated Hospital Gown

Redesigning and replacing hospital gowns is one example of efforts by hospitals and health systems to enhance the patient experience. (Shefali Luthra, 3/31)

2. To Avoid Extra Payments, Notify Your Marketplace Plan When You Move

KHN's consumer columnist answers readers' questions about what happens to your plan when you move out of state, smoking cessation expenses and sending workers to the exchange to buy policies. (Michelle Andrews, 3/31)

3. Research Plan Could Drive 'Culture Change' In How Mental Illness Is Diagnosed, Treated

The National Institute of Mental Health released a five-year strategic plan that prioritizes the genetics of mental illness, the development of treatments based on those findings and the discovery of brain patterns related to a range of mental health disorders. (Lisa Gillespie, 3/31)

4. Political Cartoon: 'Dead Center?

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Dead Center?" by Harley Schwadron.

Here's today's health policy haiku:

ACHIEVING BALANCE

Balance billing woes?
Next time, bleed in-network, dude!
(Or -- just don't get hurt.)

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

HEALTH LAW ISSUES AND IMPLEMENTATION

5. High Court Rejects Challenge To Health Law's Cost-Cutting Panel

The case, Coons v. Lew, challenged the constitutionality of the Affordable Care Act's Independent Payment Advisory Board. This panel, which was sometimes called a death panel by its critics, was created to control Medicare costs. IPAB opponents vow to continue their efforts, eyeing a congressional repeal as another course of action.

Politico: Supreme Court Won't Hear Case On Obamacare Medicare Board
The Supreme Court on Monday declined to take up the latest lawsuit against Obamacare, this time a challenge to a board that critics label a "death panel." The case, Coons v. Lew, contested the constitutionality of the Independent Payment Advisory Board, among other complaints against Obamacare. The IPAB is designed to limit spending growth in Medicare, but the challengers say that it will result in limiting care for seniors. (Haberkorn, 3/30)

Reuters: U.S. Supreme Court Rejects Obamacare 'Death Panels' Challenge
The U.S. Supreme Court on Monday declined to hear a new challenge to President Barack Obama's healthcare law that took aim at a bureaucratic board labeled by some Republicans as a "death panel" because it was designed to cut Medicare costs. The high court left intact a ruling by the San Francisco-based 9th U.S. Circuit Court of Appeals that threw out the lawsuit. (Hurley, 3/30)

Modern Healthcare: Supreme Court Declines To Hear Coons Case Challenging ACA
The U.S. Supreme Court won't hear a second case challenging the Affordable Care Act, the court announced Monday. But those behind the case say the refusal won't mark the end of their fight. The court on Monday announced that it would not hear Coons v. Lew, a case taking issue with the new healthcare law's independent payment advisory board (IPAB) – a body critics have denounced as a "death panel." (Schencker, 3/30)

CQ Healthbeat: Court Declines Medicare Payment Board Challenge
The Supreme Court on Monday declined to weigh in on a Republican-backed challenge to a controversial Medicare cost-cutting board authorized by the health care law, leaving congressional repeal efforts as opponents' best chance for action. Justices denied the Goldwater Institute's petition for review of an appeals court dismissal of a challenge to the constitutionality of the Independent Payment Advisory Board, or IPAB. (Attias, 3/30)

The Supreme Court will, however, decide if a beneficiary has to reimburse a health insurance company for care received after winning money in a lawsuit -

Modern Healthcare: Supreme Court To Hear Case On Insurer Reimbursements
The Supreme Court announced Monday it would hear the case of Montanile v. Board of Trustees of the National Elevator Industry Health Benefit Plan. The case asks, if a plan's beneficiary wins money in court for an injury but then spends it, should the beneficiary still have to reimburse his or her insurance plan for medical expenses it paid? It didn't take long for Robert Montanile to spend the

$500,000 he won in a lawsuit against the drunk driver who slammed into his vehicle in 2008. He had ongoing medical expenses, lawyers' fees and a young daughter. (Schencker, 3/30)

6. Medicaid Expansion Bill Clears Montana Senate But Faces Hurdles In House

In Tennessee, Gov. Bill Haslam urges fellow Republicans to look beyond ideological opposition to consider Medicaid expansion in that state, while Kansas' rejection of the program is cited as a factor in the financial difficulties of several failing hospitals.

Montana Public Radio: Medicaid Expansion Compromise Clears Montana Senate
Senator Ed Buttrey says he's pleased his bill to extend Medicaid coverage to the state's working poor won final approval in the Senate. Senate Bill 405 is the last bill alive to provide this type coverage. The House essentially killed the governor's proposal by giving it an adverse committee report and Democrats were unable to muster enough votes from Republicans to bring House Bill 249 to the floor for debate. ... [Buttrey] is hopeful his Senate Bill 405 will get a fair hearing in the House Committee and make it to the House floor for a debate. (Yamanaka, 3/30)

The Associated Press: Haslam Urges Lawmakers To Look Beyond Politics On Medicaid
Gov. Bill Haslam on Monday urged fellow Republicans to look beyond political considerations as they prepare to vote on a revived version of his Insure Tennessee proposal. Haslam told reporters that he spent the weekend talking to fellow Republicans on the state Senate Commerce Committee who are scheduled to vote Tuesday on the proposal to extend health coverage to 280,000 low-income Tennesseans. (Schelzig, 3/31)

The Kansas Health Institute News Service: State's Rejection Of Medicaid Expansion Putting Hospitals At Risk
Several factors, including the state’s rejection of Medicaid expansion, are conspiring to put some Kansas hospitals at risk. Two southeast Kansas hospitals — one in Independence, the other in Fort Scott — are among several that might have to close their doors. (McLean, 3/30)

Meanwhile, several media outlets write about the special sign-up period for Obamacare coverage for tax filers facing penalties -

Connecticut Mirror: The Special Obamacare Sign-Up Period: What You Need To Know
The deadline to sign up for private insurance under the federal health law this year is long past, but some state residents who are currently uninsured will have a 30-day window to sign up for plans during April – if they meet certain criteria. (Levin Becker, 3/30)

New Orleans Times-Picayune: One More Sign-Up Period For Affordable Care Act Coverage
For the estimated 75 percent of tax filers who can report that everyone in their household had coverage in 2014 through employer sponsored plans, Medicare, Medicaid or individual plans, they'll only have to check a box attesting to that their coverage status. If you obtained coverage through an Affordable Care Act marketplace, you should have received Form 1095-A, the Department of Health and Human Services says in a memo. That form will show the amount of income-based advance tax credits. In some cases, actual income might result in a lower or higher tax credit -- that will be reflected in your final tax refund or payment due amount. (Alpert, 3/30)

CAPITOL HILL WATCH

7. House-Passed Doc Fix Bill Offers Protections For Physicians Against Medical Malpractice Suits

The New York Times details some of the specifics of these protections. Meanwhile, The Hill reports on why the Senate left town without finishing work on the Medicare physician payment overhaul -- thereby leaving doctor payments in limbo.

The New York Times: House Provision Offers Doctors More Protection Against Malpractice Suits
A little-noticed provision of a bill passed by the House of Representatives with overwhelming bipartisan support would provide doctors new protections against medical malpractice lawsuits. The bill, which requires the government to measure the quality of care that doctors provide and rate their performance on a scale of zero to 100, protects doctors by stipulating that the quality-of-care standards used in federal health programs — Medicare, Medicaid and the Affordable Care Act — cannot be used in malpractice cases. (Pear, 3/30)

The Hill: Blown 'Doc Fix' Deadline Leaves Medicare Payments In Limbo
Congress was one vote away from ending its perennial Medicare "doc fix" dilemma for good, after nearly two decades of last-minute deals to prevent a healthcare meltdown. But instead of capping a rare week of productivity on Capitol Hill with the approval of a bipartisan fix ahead of a crucial Tuesday deadline, the Senate punted on the legislation in the wee hours of Friday morning. (Ferris, 3/31)

In other Capitol Hill news, McClatchy breaks down some of the amendments -- including a proposal related to Medicare Advantage -- Sen. Marco Rubio, R-Fla., offered during the Senate's consideration of its budget resolution -

McClatchy: For Marco Rubio, Senate Vote-A-Rama Offers Insight Into Presidential Intent
Among domestic issues, Rubio amendments would prevent cuts to the Medicare Advantage program; allow for the elimination of the retirement earnings test in the Social Security program; and allow for the elimination of Social Security payroll taxes for individuals who have attained retirement age. (Adams, 3/30)

MARKETPLACE

8. United Healthcare To Buy Pharmacy Benefit Manager Amid Growing Concerns About Cutting-Edge Drug Costs

The nation's largest insurer will acquire Catamaran Corp. for about $12.8 billion. Pharmacy benefit managers are viewed as a key element in efforts to negotiate the prescription drug prices paid by customers.

The Wall Street Journal: UnitedHealth To Buy Catamaran For $12.8 Billion In Cash
UnitedHealth Group Inc.'s deal to acquire Catamaran Corp. for about $12.8 billion in cash will bulk up its pharmacy-benefit business amid growing concern from employers and insurers about the rising costs of cutting-edge drugs. Catamaran, the fourth-largest pharmacy-benefit manager in the U.S. by volume of prescriptions processed, will be merged into UnitedHealth Group's OptumRx unit, the industry's third-largest and part of the company's Optum health-services arm. (Wilde Mathews and Walker, 3/30)

Los Angeles Times: UnitedHealth To Acquire Pharmacy Benefits Firm Catamaran In $12-Billion Deal
Whether the acquisition will benefit consumers may be an issue in the months ahead. Some experts suggest that the deal may weaken competition and prompt opposition from the Federal Trade Commission. Pharmacy benefit managers help negotiate with drug companies the prices of prescription drugs on behalf of employers, insurers and government agencies. The largest players in the industry include Express Scripts and CVS/Caremark. (Pfeifer, 3/30)

The Associated Press: UnitedHealth Bulks Up For Prescription Drug Cost Battle
The nation's largest health insurer, UnitedHealth, will muscle up in its fight against rising specialty drug costs by spending more than $12 billion to buy pharmacy benefits manager Catamaran Corp. Pharmacy benefits managers, or PBMs, help negotiate the prices that customers pay for prescription drugs. They are seen as a key component in the push to contain rising specialty drug costs, an expense that could overwhelm parts of the health care system, especially the federal-state Medicaid program, insurers and other bill payers have warned. (Murphy, 3/30)

The Minneapolis Star-Tribune: UnitedHealth Buys Pharmacy-Benefit Manager Catamaran For $12.8B
The nation’s largest health insurer, Minnetonka’s UnitedHealth Group Inc., will have more clout to push back against high drug prices with a $12.8 billion merger announced Monday. (Carlson, 3/30)

The Washington Post's Wonkblog: How The Nation’s Largest Health Insurer Is Fighting High Drug Prices
You don't have to look far these days to find stories about the rising costs of prescription drugs. By one count, drug spending jumped 13 percent last year, the highest annual increase in more than a decade. And health insurers have spent the better part of the past year warning anyone who'll listen that the new medications will come with high price tags that will strain the health-care system's ability to afford such medical advances. (Millman, 3/30)

9. For The Health Sector, Monday Was Marked By Takeovers And Acquisitions

The Wall Street Journal reports that pharmaceutical companies showed that they remain willing to merge with other companies, as Teva Pharmaceuticals acquired Auspex Pharmaceuticals and Horizon Pharma announced that it would purchase Hyperion Therapeutics.

Bloomberg: Busiest Day For Health Care Deals Is Set To Spawn More
It's the busiest day for takeovers in the health-care industry. UnitedHealth Group Inc. struck Monday's largest purchase — $13.2 billion for drug-benefit manager Catamaran Corp. Teva Pharmaceutical Industries made a $3.1 billion splash back into dealmaking with Auspex Pharmaceuticals. Horizon Pharma agreed to buy Hyperion Therapeutics Inc. for $866 million to treat lucrative rare diseases. And Fujifilm Holdings Corp. is acquiring Cellular Dynamics International Inc., a maker of human cells, for $239 million. (Lachapelle, 3/30)

The Wall Street Journal's Moneybeat: What Biotech Bubble? Specialty Pharma Stocks Pop Again On Merger Monday
M&A has helped drive the rally in biotech stocks in the past few years. And while many investors have grown concerned that valuations are getting too lofty, pharmaceutical companies showed that they remain willing to pay up for their targets. On Monday, Teva Pharmaceutical Industries Ltd. announced that it would acquire Auspex Pharmaceuticals Inc. for roughly $3.2 billion at a 42% premium to its closing price on Friday. Horizon Pharma announced that it would purchase Hyperion Therapeutics for $955.7 million in cash, at a price just 7.6% premium over its closing price Friday but roughly 55% above its price one month ago. The deals announced Monday show how M&A is both

reshaping the pharmaceutical industry and rapidly responding to it. Midsize and large pharmaceutical companies have struggled to refill their product pipelines as many of their biggest cash-generating drugs come off patent. (Farrell, 3/30)

On the regulatory and legal front -

The Wall Street Journal's Pharmalot: Amgen Loses Another Round In Its Battle To Fend Off A Biosimilar Rival
For the second time this month, Amgen has lost a battle over its effort to block a biosimilar version of its Neupogen drug, a $5.7 billion seller that is used to fend off infections during chemotherapy. This time, the FDA denied a citizen's petition the biotech filed arguing that Sandoz, which plans to sell a biosimilar, violated federal law by failing to provide it with needed information by a specified deadline. (Silverman, 3/30)

Reuters: J&J, Glaxo Settle U.S. Lawsuit Over Allergy Meds
GlaxoSmithKline Plc has agreed to settle a lawsuit by Johnson & Johnson accusing it of using false advertising at the start of the U.S. allergy season to grab market share. Glaxo received approval from the U.S. Food and Drug Administration to sell Flonase over the counter in July, setting the stage for greater competition. J&J units McNeil-PPC Inc and McNeil Consumer Healthcare filed the lawsuit on March 12, accusing Glaxo of making unsupported claims about Flonase at the expense of McNeil's drugs Benadryl and Zyrtec. (Raymond, 3/30)

MEDICARE

10. Hospitals, Doctors Turn To Care Coordinators To Help Keep Older Patients Healthy

The coordinators help make sure patients get follow-up medical care and proper medications.

Modern Healthcare: Demand Grows For Care Coordinators
Dr. Grace Chen's frail and elderly patients can be bewildered by the automated phone directories of their healthcare providers and may give up before getting through for help. Understanding their new medications can overwhelm them. Their confusion and anxiety can end with a trip to the emergency department. Chen, a geriatrician at the UCLA Health System in Los Angeles, previously worked with clerical assistants to handle her patients' questions and help them with their healthcare logistics. That often took a lot of their time each week. This changed three years ago when UCLA Health System started hiring full-time care coordinators to work alongside doctors in its primary-care clinics. (Evans, 3/30)

Other news outlets examine costs and practices in Medicare -

The Fiscal Times: Medicare's Budget Busting $4.5 Billion For Hep-C Drugs
First it was the Department of Veterans Affairs nervously complaining about the fast-mounting cost of providing a new specialty drug to treat patients with the deadly Hepatitis-C virus, and then some Medicaid officials across the country began rationing the pricey wonder drug to keep from busting their budgets in treating low-income Americans. About 3.2 million people in the U.S. have the disease, which can be dormant for years and is often spread through unsafe drug use, blood transfusions and other risky behaviors. Now it's the Medicare Part D prescription drug program for the nation's seniors that's feeling the budgetary pinch. (Pianin, 3/30)

CQ Healthbeat: Medicare Advisers Cast Doubts on Some Cancer Tests
Amid growing attention to personalized medicine, Medicare's advisers are raising warnings about the difficulties of translating knowledge about the human genome into effective treatments for patients. An advisory panel last week gave mixed reviews to 10 gene-based tests developed for some of the common forms of cancer found in the colon, breast and lung. (Young, 3/30)

PUBLIC HEALTH AND EDUCATION

11. NIH Taps Top Doctors, Researchers And Business Leaders To Update U.S. Medical System

One of the first tasks for this group will be helping to create a 1 million person volunteer study, which is a big piece of the White House's precision medicine initiative. In other news, the National Institute of Mental Health unveils its five-year strategic plan for research priorities.

The Hill: White House Picks Experts To Shape Plans For National Research Study
The National Institute of Health has tapped more than a dozen top doctors, researchers and business leaders to help steer President Obama's $200 million plan to modernize the U.S. medical system, starting with a volunteer study of 1 million people. The working group will be led by Dr. Kathy Hudson, an official within the NIH's science and outreach office, Dr. Richard Lifton, who chairs the genetics department at the Yale University School of Medicine, and Bray Patrick-Lake, who leads a clinical trials initiative at Duke University. (Ferris, 3/30)

Kaiser Health News: Research Plan Could Drive 'Culture Change' In How Mental Illness Is Diagnosed, Treated
The National Institute of Mental Health unveiled a five-year strategic plan emphasizing research it hopes will ultimately give clinicians a better understanding of what mental illness looks like inside the brain — before a patient shows outward symptoms. (Gillespie, 3/31)

VETERANS' HEALTH CARE

12. Delay Of Care Impacted Vet's Life, Report Finds

A VA office's assessment of an Indiana clinic that treated the 70-year old veteran found the man's cancer should have been diagnosed sooner. The VA is also being urged to address the needs of the growing number of women veterans.

The South Bend Tribune: Report Finds Trouble With Vet's Care At Goshen
A recently released report investigating the quality of care a veteran received at a Goshen clinic showed Michiana is not exempt from the deplorable state of veteran services that's been receiving national attention in recent years. At the request of U.S. Rep. Jackie Walorski, the Office of Healthcare Inspections within the Veteran's Affairs Office of Inspector General launched an assessment of care provided to a male patient in his 70s at the Goshen Community Based Outpatient Clinic. The investigation found there was a delay in care given to the man, lowering his quality of life, and a lack of awareness of a patient advocacy program, which could have been prevented by the clinic and greatly benefited the patient. (Wright, 3/30)

Minnesota Public Radio: Female Veterans Press VA Hospitals To Meet Their Needs
More than 200,000 women nationwide — 30,000 in Minnesota — have served since 2001; 20 percent of the nation's military recruits are female, according to a recent report from the group Disabled American Veterans that highlights growing concern the VA hasn't adjusted fast enough to the needs of females, who are the fastest growing group of veterans enrolling in VA health care. (Volpe, 3/31)

STATE WATCH

13. Ariz. Gov. Signs Controversial Abortion Restrictions Bill

The measure requires that providers inform women that they can reverse the effects of drug-induced abortion. It also bars women from buying insurance via the federal health exchange that includes abortion coverage.

Los Angeles Times: New Arizona Law Restricts Abortions And Abortion Insurance
Arizona Gov. Doug Ducey signed a controversial bill Monday that requires abortion providers to tell women they can reverse the effects of a drug-induced abortion. The new law also bars women from buying healthcare plans through the federal marketplace that include abortion coverage, although an exception allows insurance in cases of rape, incest and when a woman's life is endangered. The Republican governor made good on a pledge to Arizona residents to defend the "right to life" in a continuation of former Gov. Jan Brewer's tough stance against abortion. (Parker, 3/30)

Reuters: Arizona Governor Signs Bill Blocking Abortion Coverage Through Obamacare
Arizona Republican Governor Doug Ducey signed a law on Monday that requires doctors to tell women that drug-induced abortions can be reversed and that blocks the purchase of insurance on the Obamacare health exchange that includes abortion coverage. The requirement that patients be told that the effects of abortion pills may be undone by using high doses of a hormone was the most hotly contested provision during legislative debate. (Schwartz, 3/30)

The Associated Press: Arizona Governor Signs Abortion Drug Notification Mandate
Gov. Doug Ducey signed a bill Monday that requires abortion providers in Arizona to tell women they can reverse the effects of a drug-induced abortion and also bars women from buying any health care plan through the federal marketplace that includes abortion coverage. (3/30)

And in Texas -

The Texas Tribune: House Democrats Target Alternatives To Abortion Program
As the Texas House prepares for a floor fight Tuesday over its budget, a flurry of amendments filed by Democrats seeks to defund the state's Alternatives to Abortion program. A group of Democratic lawmakers filed more than a dozen amendments to either reduce or eliminate funding for the program, which provides "pregnancy and parenting information" to low-income women. (Ura and Walters, 3/30)

14. Florida Officials Push To Remove Medicaid 30-Day Waiting Period

In other Medicaid news, West Virginia will switch its enrollees from a monthly enrollment card to an annual one -- a step that is expected to lead to $2.5 million in savings. Also, a new study finds that

New Jersey ranks last in the nation in terms of the doctors willing to treat Medicaid recipients.

The Associated Press: Florida Health Officials Propose Medicaid Enrollment Change
Florida health officials want to remove Medicaid's 30-day wait period so people can automatically enroll for health insurance once they're deemed eligible. The proposed amendment would also get patients information more quickly about their plan options to encourage them to choose their own plan instead of being automatically enrolled in one. (3/30)

The Associated Press: W.Va. Medicaid Switching From Monthly To Annual Cards
West Virginia Medicaid recipients are being switched from a monthly card to an annual card. The change takes effect Wednesday. The state's Bureau for Medical Services says it will save the state about $2.5 million a year. (3/31)

NJ.com: N.J. Doctors Least Willing To Accept Medicaid Patients Under Obamacare
The Affordable Care Act has provided a path for 420,500 low-income New Jersey residents to gain insurance through the Medicaid program, but a new study says the state ranks last in the nation in doctors willing to treat them. Just 38.7 percent of New Jersey physicians said they accepted new Medicaid patients in 2013 — far below the national average of nearly 69 percent, according to the most recent data available from the U.S. Centers for Disease Control and Prevention. New Jersey is the only state where fewer than half of the doctors accepted new Medicaid patients. California, at 54.2 percent is second-lowest in the nation. (Livio, 3/31)

15. State Highlights: Grady, Blue Cross of Georgia Agree To New Contract; Nurse Practitioners Gain Traction In State Legislatures

A selection of health policy stories from Georgia, Nebraska, Connecticut, Texas, Kansas, Iowa, California and Indiana.

Georgia Health News: Grady, Blue Cross Reach Deal After Long Deadlock
Atlanta’s biggest health contract dispute in years is over. Grady Health System and Blue Cross and Blue Shield of Georgia announced Monday that they have agreed to a new contract effective April 1. (Miller, 3/30)

CQ Healthbeat: States Give Nurse Practitioners More Leeway To Treat Patients
Nebraska this month became the 20th state to approve a law allowing nurse practitioners to treat patients without the supervision of a doctor, a move that supporters say is gaining traction as state legislators work to find more providers to care for the newly insured under the 2010 health care law. Under the bill signed by Republican Gov. Pete Ricketts on March 5, nurse practitioners starting in September will not have to work with a physician to diagnose and treat patients. They currently are required to get a signature from a doctor before treating a patient. (Evans, 3/30)

Connecticut Mirror: Mental Health Cuts Threaten Treatment System, Providers Say
The governor’s proposal would cut $25.5 million in grant funds that mental health and substance abuse treatment providers have long used to help offset the cost of caring for uninsured and underinsured patients. And providers say the cut could have dramatic and damaging effects on the mental health treatment system in the state. (Levin Becker, 3/31)

The Associated Press: Texas Health Commissioner Still On Job After Scathing Report
State contracting scandal that dealt Republican Gov. Greg Abbott the first crisis of his administration escalated Monday with a scathing state report about Texas' health commissioner, who responded by giving no indication he would resign. An outside investigation ordered by Abbott did not explicitly call for the removal of Health and Human Services Commissioner Kyle Janek, who was appointed by

former Gov. Rick Perry in 2012 and makes $260,000 a year. But a two-month review of a $110 million no-bid contract awarded last year — which public corruption prosecutors in Austin are also now investigating — concluded that failures by Janek helped create an environment in the 56,000-person commission that enabled the deal. (Weber, 3/30)

Stateline: More States Demand Notification To Use Biosimilar Drugs
Without the medicine Rachelle Crow takes for her rheumatoid arthritis, the 29-year-old Michigan woman's face would frequently feel as if it were engulfed in flames. She would barely be able to crawl out of bed. She would have trouble opening or closing her fists or lifting her 3-year-old daughter. Crow can do all those things thanks to Cimzia, one of a highly complex, usually expensive class of drugs known as biologics that derive from living organisms. (Ollove, 3/30)

The Kansas Health Institute News Service: Funding For Mental Health Advocacy Organization Issue In Budget Bill
Three or four months from now, the National Alliance on Mental Illness office in Kansas may be closed. "The future is uncertain," said Rick Cagan, the office's executive director. It's uncertain because most of the office's funding has long been tied to a $150,000 grant from the Kansas Department for Aging and Disability Services. Earlier this year, KDADS officials announced they had decided not to renew the grant as part of an effort to better coordinate efforts to promote behavioral health and substance abuse treatment, reduce problem gambling and prevent suicide. (Ranney, 3/30)

The Des Moines Register: Racing Against Clock, Iowa Rep. Tries To Stall Mental Institute Closures
State Rep. Dave Heaton can't sleep. The Mount Pleasant Republican is awake in knots many nights, thinking about a proposal that would close two mental health institutes in rural Iowa. Gov. Terry Branstad, also a Republican, recently decided to close two mental health institutes in Mount Pleasant and Clarinda, which serve rural Iowa. Now, Heaton is facing a race against the clock to try to pass legislation that would slow down the closures. (Pfannenstiel, 3/29)

Los Angeles Times: Olympus Scopes May Have Infected More Patients, Seattle Health Agency Says
More patients across the country may have been infected by medical scopes manufactured by Olympus Corp. than previously thought, health officials warned Monday. Olympus' scopes are at the center of a string of recent endoscope-related superbug outbreaks that include Ronald Reagan UCLA Medical Center and Cedars Sinai Medical Center, as well as an earlier case at Virginia Mason Medical Center in Seattle. (Peterson, 3/30)

The New York Times: Indiana Races To Fight H.I.V. Surge Tied To Drug Abuse
Jeanni McCarty, a nurse and native of this threadbare city of 4,200, hurried up and down [Austin, Ind.'s] Main Street in Saturday's bright sun, handing out stacks of fliers to any business that would take them. They were announcing a hastily planned specialty clinic — FREE, they emphasized in red — that would provide H.I.V. treatment to anyone who needed it. Quite suddenly, a lot of people around here do. And the number keeps growing. (Goodnough, 3/30)

EDITORIALS AND OPINIONS

16. Viewpoints: Don't Look A Medicare 'Gift Horse' In The Mouth; Rising Obamacare Premiums

A selection of opinions on health care from around the country.

Miami Herald: A Medicare Fix

Talk about looking a gift horse in the mouth: In an all-too-rare but refreshing show of harmony, the U.S. House of Representatives last week approved a bipartisan compromise bill that fixes a serious, long-festering problem with Medicare payments and sent it to the Senate...where it awaits an uncertain future. ... Senate Democrats are balking because this bill contains the Hyde Amendment, banning federal funds for abortions. We don't like it either, but it should not be an excuse for blocking a good bill that makes no change in the abortion status quo. Democrats also want those four years for CHIP; they should settle for two and try again later. (3/29)

The Wall Street Journal's Washington Wire: ACA Has Pushed Insurance Premiums To New Heights

Heritage Foundation microsimulation analysis of the 2015 health insurance offerings on the ACA exchanges found that the sharp 2014 price spike was not reversed. The average health insurance premium rose by 5% this year, much higher than the rate of inflation. But that increase is modest compared to the massive increase in non-group health insurance rates in 2014, which was around 50% on average, with some consumers facing much worse rate jumps. (Salim Furth, 3/30)

The Wall Street Journal's Washington Wire: Obamacare Enrollment Split: Subsidies Vs. No Subsidies

Two reports released in the past week demonstrate a potential bifurcation in state insurance exchanges: The insurance marketplaces appear to be attracting a disproportionate share of low-income individuals who qualify for generous federal subsidies, while middle- and higher-income filers have generally eschewed the exchanges. ... It raises two obvious questions: Whether and how the exchanges can succeed long-term with an enrollment profile heavily weighted towards subsidy-eligible individuals—and whether an insurance market segregated by income was what Obamacare's creators originally had in mind. (Chris Jacobs, 3/30)

Dallas Morning News: We've Tried Obamacare, And It Isn't Working

Obamacare just passed its fifth anniversary as a law, but don't be surprised if you don't hear much about it. After all this time, polls show the public still doesn't like it. Results are more important than perception, of course. So let's ask: If Obamacare is measured on four important metrics — cost, coverage, competition and choice — are we better off now? (Alyene Senger, 3/29)

Atlanta Journal-Constitution: How To Get Genuine Health Reform For Georgia

Obamacare doesn't address a looming doctor shortage. Obamacare is silent on the question of states' certificate-of-need laws. While Georgia hasn't expanded Medicaid as envisioned by Obamacare, that would not be much of a salve, either. An expanded Medicaid wouldn't do anything about low reimbursement rates that keep many health providers from taking Medicaid patients in the first place. ... The problem with trying to fix health care is that it's typically done by pulling one lever here and another there, in the hopes that a flat-lining system will be miraculously cured. Health care is too far removed from anything resembling a rational market for one or two fixes here and there to make a difference. (Kyle Wingfield, 3/30)

Forbes: Scott Walker's Medicaid Policy Says A Lot About How He Would Govern

Wisconsin's governor, and likely Republican presidential candidate, didn't take the [health law's Medicaid expansion] offer. In doing so he bolstered his Tea Party bona fides by refusing to accept this Obamacare expansion. But exactly how he did it says a lot about Scott Walker. Instead in 2013, Walker laid out a plan to reshuffle thousands of low-income people between the state's Medicaid plan, BadgerCare, and the Obamacare insurance exchanges that will end up costing the state's taxpayers hundreds of millions of dollars and cover tens of thousands of fewer people. But, the Tea Party activists in Iowa and the other primary states are likely to love it. (Robert Laszewski, 3/30)

MLive.com: Michigan's Medicaid Expansion Success Story Proves Tea Partiers Wrong
Remember Michigan's Medicaid expansion, which Tea Parters furiously warned would be "big government" disaster? Well, it's been about a year since the law went into effect. And it looks like that Orwellian prediction was wrong, wrong, wrong. To date, 600,000 Michiganders have gained health insurance through Medicaid. These are adults at 133 percent of the poverty line or below ($15,000 annually for one person or $30,000 for a family of four). ... [Gov. Rick] Snyder deserves credit. He fought for months with members of his own party. (Susan J. Demas, 3/31)

Concord Monitor: 'No' To Medicaid Expansion Would Hurt State's Elderly
Medicaid expansion doesn't benefit only the 35,000 New Hampshire residents who previously didn't have access to health insurance, it's also keeping elder care costs down and helping businesses in the state comply with the Affordable Care Act's employer mandate. And, until 2020, it's 100 percent paid for by the federal government through the tax dollars that New Hampshire residents already pay into Medicaid. In 2020, that percentage of federal subsidy drops to only 90 percent. Deciding not to renew Medicaid expansion will send New Hampshire's Medicaid tax dollars to Washington, D.C., without any increased return to the state, and at the same time it will drive up costs for the state's residents. These increased costs will disproportionately fall on New Hampshire's elderly. (Ben Geyerhahn, 3/31)
